



**STATE OF ARIZONA  
DEPARTMENT OF INSURANCE**

**CONDITIONAL FORM FILING EXEMPTION**

**CERTIFICATION OF QUALIFICATION**

I request that the life insurance and/or annuity form(s) shown on the attached Transmittal Form (P-107 L&D Rev. 11/00) be conditionally exempted from the prior approval requirements of A.R.S. 20-1110(A) in accordance with the provisions of Exhibit B(II) of the Director's Exemption Order, docket No. 01A-216-INS, dated October 25, 2001. **I certify that all of the following criteria for such conditional exemption have been met:**

A. The identical form (except for variations necessary to meet the requirements of the state in which coverage will be effective) has already been allowed or approved by the insurance regulatory agency of the state of \_\_\_\_\_, our state of domicile (Please attach proof of the allowance/approval.); and

B. The identical form (except for variations necessary to meet the requirements of the state in which coverage will be effective) has already been allowed or approved by the insurance regulatory agency or agencies in the states of \_\_\_\_\_

(other than the filing insurer's state of domicile) in which the filing insurer issued at least 25% of its total U.S. business for ordinary life insurance direct premium or annuity considerations (as applicable) according to the applicable State Pages, Exhibit Of Premiums and Losses, page 21 of its annual statement as of the most recent calendar year end.

Total U.S. ordinary life insurance direct premium \$ \_\_\_\_\_

Total U.S. annuity considerations \$ \_\_\_\_\_

(Please attach proof of the allowances/approvals and a copy of the applicable Exhibit of Premiums and Losses for each state included in attaining the above-referenced percentage); and

C. The law of the states referenced in paragraphs A and B, as cited here \_\_\_\_\_,

requires that the form be filed with the insurance regulatory agency at least 15 days prior to its use and either requires approval, or allows the insurance regulatory agency an opportunity to disapprove it, prior to its use in that state (Please attach a copy of the applicable law.); and

D. The law of the states referenced in paragraphs A and B, as cited here \_\_\_\_\_,

allows the insurance regulatory agency to disapprove the form if it is ambiguous, misleading or deceptive, or a substantially similar standard (Please attach a copy of the applicable law.); and

E. The form is being filed with this Department no later than the date it is to be first delivered or issued for delivery in this state.

**I further certify** that I have full knowledge and understanding of the provisions of Title 20, Chapter 6 of the Arizona Revised Statutes, Chapter 20 of the Arizona Administrative Code and applicable orders by the Director of Insurance as they apply to the forms for which I am requesting exemption and that the form(s) for which I am requesting exemption are in compliance with those laws, regulations and orders.

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Signature of Company Officer

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Typed Name and Title

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Date

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Insurance Company

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

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Signature of Notary Public

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My Commission Expires